



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED  
JAN 18 2006  
DEPT OF ECOLOGY

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. CGI-24815C WRIA 1

DATE ACCEPTED 1 / 18 / 06 BY DB

FEE \$ 50.00 REC'D 1 / 23 / 06

CHECK No. 14511

SEPA: ☒ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME Delta Water Association, Inc. System ID#18750Q	PHONE NO. ( )	FAX NO. ( )
ADDRESS Po Box 523		
CITY Lynden	STATE WA	ZIP CODE 98264

CONTACT NAME (IF DIFFERENT FROM ABOVE) Dale L. Buys, P.E. <i>Reichardt &amp; Che Engineers Inc</i>	PHONE NO. (360)354-3687	FAX NO. (360)354-0407
ADDRESS PO Box 978		
CITY Lynden	STATE WA	ZIP CODE 98264

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER G1-24815C and G*2418C <i>(Add) 1/25/2006</i>	RECORDED NAME(S) Delta Water Association, Inc.
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. G1-24815C CERT. OF CHANGE NO. \_\_\_\_\_



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well SO#3	3	SE	SE	3	40N	3E	400303 437064	AGK323
Well SO#4	3	SE	SE	3	40N	3E	400303 437064	AGK360

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well to be drilled	5	SW	SE	4	40N	3E	400304354070	NA

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO      PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:  
Greenacre Holdings LLC owns proposed, but we have a lease agreement contingent on feasible well results.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Public Water Supply	455 gpm	192.5	continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
Delta Water Association System ID#18750Q service area.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:  
Multiple owners.

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  
Same as existing.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:  
Multiple Owners



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

**None known at this time.**

6. Remarks and Other Relevant Information:

Delta's existing wells SO#3 & SO#4 are within the shallow Sumas Outwash aquifer. The DOH has issued a bilateral compliance agreement for nitrate. Delta is planning on drilling well SO#5 well to see if an alternative deeper ground water source is available. If the proposed SO#5 is found to have adequate water quality and quantity, Delta would like to transfer some or all of their current water rights from SO#3 and SO#4 to SO#5, for the benefit of the system users. The exact Ai and Qa of the requested transfer will be dependent on the capabilities and water quality of the new well (SO#5). If the well is found to be of poor water quality they will abandon SO#5 and look at alternative methods to mitigate for the nitrate problem.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Dale L. Boyd, P.E. 1117106  
(Applicant) (Date)

Frank Bernbach District Manager 1117106  
(Water Right Holder) (Date)

Frank Bernbach District Manager 1117106  
(Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_